

SIGNATURE

## 2013 MONTANA AFFIDAVIT FOR DONATED LICENSE ISSUANCE



l,		_, as autnorized re	epresentative of			
	,		thorized representative of(organization)			
state th	ne following:					
1.	The organization	ı I represent is a no	onprofit organization exe	empt from taxatio	n under 26 U.S.C. 5	01(c)(3).
2.	The organization members of the	-	hunting as part of the re	habilitation of dis	abled veterans and	disabled
3.	disabled membe	er of the armed force	rmit donated to the orga ces may not be sold, trac on other than the disable	ded, auctioned, o	r offered for any mo	netary value
4.	I understand that a disabled members	per of the armed fo	rmit donated to the orga orces must be used to ta or districts, or portions th	ake the same spe	cies in the same adr	ministrative
NAME	OF ORGANIZATION			TAX ID#		
ADDRE	ESS OF ORGANIZATI	ION				
NAME	OF CONTACT PERSO	ϽN				
PHONE	E NUMBER FOR CON	ITACT PERSON				
	NAME OF DISABLED F		DATE OF BIRTH		TYPE OF LICENSE and/or P REQUESTED	ERMIT
4						
I decl	lare under penalty o	of perjury and under t	the laws of the state of Mo	ontana that the fore	going is true and corre	ect.
	PRINTED	NAME				
	FRINTED	NOME				

RETURN TO:
MONTANA FISH, WILDLIFE & PARKS
LICENSE SECTION
1420 E 6th AVE
PO BOX 200701
HELENA, MT 59620-0701

DATE